
(Name of Association)

118 E. Ludwig Rd., Suite 100
Ft. Wayne, IN. 46825

ARCHITECTURAL CHANGE REQUEST

PLEASE COMPLETE ITEMS 1-7 ONLY!

1. Name _____ Phone _____
Address _____
Lot or Unit Number _____

2. Briefly describe the proposed change:

3. Will there be changes or modifications in basic utility services or existing structures to accommodate the proposed change? Please indicate below:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Electric	___	___	Exterior Walls	___	___
Telephone	___	___	Patio Fencing	___	___
Gas	___	___	Patio Slab	___	___
Water	___	___	Sidewalks	___	___
Sewage	___	___	Pavement	___	___
TV Cable	___	___	Other _____		

4. Please list below the major construction materials, which will be used in this project. Be as specific as possible. (Exterior materials must conform to those used on the original building or be sufficiently compatible.)

5. If the proposed project is a change/addition/modification to the landscaping around your home please describe briefly your proposed change. (Please include a drawing/diagram showing where the change will occur and the size of the area affected.)

OVER

6. If the proposed project is an addition or alteration that would change the structural appearance of your residence, please attach the following information.
- A. Plot plan indicating the location and dimensions of the project.
 - B. Blueprints or working drawings indicating all necessary dimensions and elevations.
 - C. If available, a photograph or drawing of a similar completed project.
7. Project Schedule:
- A. The project will be done by _____ homeowner _____ Contractor(s) Name _____
 - B. Please indicate the approximate time needed to complete the project, subsequent to the Association's approval.

 - C. Please indicate any building permits that will be required. _____

NOTE: All submitted materials shall remain the property of the Association. You may wish to make a copy for your personal records.

I hereby acknowledge that I have read and understand the Architectural Standards set forth by the Association, as well as the Declaration of Covenants and Restrictions.

Homeowner's Signature: _____

Date: _____

DO NOT WRITE BELOW

Committee Action:

Approved as submitted

Deferred

Additional information required: _____

Other: _____

Denied

Comments: _____

Signed: _____ Date: _____